

# **DRAFT**

## **Community Access Program**

Report on the Logic Model Process\*

November 7, 2001

### **I. Introduction**

In the federal fiscal year 2000, the U.S. Department of Health and Human Services - Health Resources and Services Administration (HRSA) awarded 23 Community Access Program (CAP) grants to organizations in 22 states. In March of the following year, 53 additional grants were made to communities located in 23 states. The purpose of these grants is to support public and private organizations in bridging service gaps and improving health outcomes for the uninsured and underinsured.

The Center for Health and Public Services Research (CHPSR) of the Wagner Graduate School of Public Service at New York University, in partnership with the Center for State Health Policy at Rutgers University, is providing technical assistance to the CAP sites and assisting HRSA in the monitoring of the program. As part of this effort, CHPSR has worked with HRSA to support each funded site's completion of a logic model, a particular method for displaying the components of each site's proposed project. In a logic model, the grantees display the relationship between the activities they plan to undertake and the results, or "outputs," they expect to achieve. The logic model then shows the benefits or "outcomes" that the outputs are expected to produce, and finally the overall impact of the combination of these elements on the community in which the project will take place. To complete the logic model, the grantees articulate the assumptions that underlie their project planning: that the output of a chronic disease information hotline, for example, will only result in the outcome of better chronic disease management if people actually call the hotline and act on the information they receive. Finally, the logic model guides the community in identifying appropriate interim as well as long-term measures of the project's progress.

The research team provided an introduction and brief training in the logic model tool to CAP grantees at their first meeting. Members of the research team were available to answer grantees' questions as each project site developed a logic model for its CAP project. The team then reviewed and evaluated each submitted logic model, sending written comments with suggestions for improvement back to CAP grantees. Based upon the models developed in the first year, as well as conversations with federal program staff, CHPSR created a logic model for the entire Community Access Program. Finally, to learn how the sites viewed the process and whether they found the logic models to be a useful tool for management or evaluation, CHPSR staff interviewed a number of the year-two CAP sites about their experience creating the logic model.

## **Overall Findings**

The models submitted by the sites in both waves showed a wide variation in completeness, coherence, sophistication of thought and reflection of the planned project as described in the original project proposal. The following is an overview of strengths and weaknesses of the logic models that were submitted by the March 2001 grantees as of mid-August 2001 (45 out of the 53 sites):

- About 40% of the sites (18/45) submitted logic models that reflected an understanding of what a logic model should be and a thoughtful effort to display their plans for their project in this new way.
- Most of the submitted models were incomplete. Only six of the sites submitted complete lists of assumptions and only seven submitted a fully realized set of measures. An additional 18 sites submitted a partial set of assumptions (e.g., defining assumptions for the project as a whole) and five sites submitted logic models that included only some measures (primarily outcome measures).

Other observations about the submitted logic models include:

- A number of sites (8/45) submitted distinct logic models for different elements of their project but did not then create a summary model describing the project as a coherent whole.
- Few sites (6/45) included with their logic models a description of the process they used to create the model that showed collaboration among the members of their health services coalition. The sites that did describe a collaborative logic model development process tended to submit stronger logic models.
- Sites struggled with the distinction between outputs and outcomes: the need for further clarification of these elements came up in phone calls to CHPSR staff as well as in the review of the logic models themselves. A majority (25/45) of sites had at least some difficulty describing the link between what they expected their project to create and the benefit they expected to result. This was true even in some of the better logic models. In the follow-up interviews several sites commented that they, or their coalition members, had difficulty with this distinction.

## **II. Development of the Program Logic Model**

Based upon the logic models that were submitted, the research team developed a typology of seven main intervention approaches – each with multiple

subcategories: (1) integration of service delivery systems, (2) improvement of business practices and integration of financial systems, (3) increased enrollment in health insurance plans, (4) expansion of the delivery system, (5) implementation of community/patient education programs, (6) improvements in service delivery, and (7) informing public policy. These categories, together with other program documents, were used to form the outlines of a logic model for the entire CAP initiative. The research team then met with federal program staff, refined the model, and articulated its assumptions. (Creation of program measures was postponed pending clarification of any evaluation plans.) Both the CAP Logic Model and Program Assumptions are available on the CAP Community web site ([www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)).

This collaborative mapping process created a shared understanding of how and why the Community Access Program was expected to work – and what anticipated outcomes it was expected to achieve – given its resources and planned activities. The resulting program logic model also formed the basis of the monitoring tool that was subsequently developed by the research team. (A report on the findings from the first six-month monitoring period has been provided separately.)

### **III. The Implications of These Findings**

The logic model has the potential to be a valuable tool in developing and managing large-scale new initiatives such as the CAP projects. In its essence, use of the logic model guides project planners in applying the scientific method - the articulation of a clear hypothesis to be tested - to their project development work. Researchers (e.g., Weiss) have described the value of theory-based evaluation. In demonstrating an impact, describing a need or justifying an expenditure, being able to state what was expected and what, in fact, occurred is essential.

The different components of the logic model allow practitioners and evaluators to weigh the expected and actual result of a project and also to take the evaluation to the next level: if our results were not what we expected, why was this the case? Did we not carry out the activities we planned, create the products we expected or did these products not produce the benefits we hoped for? Were our assumptions faulty? Our resources inadequate? Finally, what can we learn from these findings? How do we need to adjust our hypotheses? What can we try next, with a better chance of success? Through this learning, the health care community can develop the best set of strategies to improve health outcomes for the under- and uninsured.

#### ***a. The Role of Assumptions***

Assumptions play an essential role in the logic model: to design a project that has a good chance to succeed, project planners need to articulate what they expect to be true so they and their colleagues can highlight any gaps in the logic of the program and assess whether this assumption will, in fact, turn out to be valid. Those sites that engaged in this process and developed assumptions for at least part of their programs found this to be the most valuable part of the exercise. In several cases, it was through the articulation of the assumptions that the sites were able to identify gaps in their program, sharpen their thinking, or build a credible case in support of the program concept.

- One site noted that after examining their assumptions about the relationship between quality management and clinical care coordination, they decided to change their staffing plans, creating two senior level positions instead of the one originally planned.
- Another site commented that by articulating the assumptions of their program, they were able to identify what they “needed from each of the partners.” Having a logic model in hand then gave them “credibility in asking for it.”
- One grantee noted that by showing their assumptions, they were able to make clear to their constituency and to government officials that they did not have to reduce quality in order to reduce costs.
- One coalition has used their assumptions to help identify why a project component was not moving well. They realize that they had “assumed that knowledge was in place [for one of their partners] that was not there” and that these “partners were not yet ready to share information.”
- One site that modified their approach after examining their assumptions expressed some concern that “it is dangerous to do one of these [logic models] after the grant has been funded. By doing this, you may spot gaps in your original application and then you worry about telling the program office that you can’t do what you said you would.”

Yet few CAP sites submitted logic models with fully realized sets of assumptions. For example, often the most unreliable assumptions are those that state that people will, without coaching, change their work or care-seeking habits because of the existence of a new type of technology. Over 70% of the March 2001 CAP sites (33/45) plan some sort of patient information system or computer-based referral system as part of their CAP project. Of these, less than half (15) included in their logic models any explicit assumptions that providers or patients will use the new system. This evidence that sites have not planned fully for the implementation of new technology raises concerns about the likelihood that these projects will be successful.

Similarly, the success of a care coordination program (planned by 25 out of the 43 respondents) assumes, among other things, that patients will be responsive to recommendations from the care coordinators. Only nine of the sites planning such a program are explicit about this underlying assumption.

The fact that so few sites were able to articulate a full set of assumptions underscores their importance and the need for more assistance in this area. Several actions would improve sites' incorporation of assumptions into their logic models:

- More time should be spent on assumptions when sites are first introduced to logic models. Logic model training sessions should include enough time for each site to develop assumptions (perhaps based on a case study or an example from a previous project year) and to have these assumptions reviewed by session faculty.
- In this year's training session, although faculty did emphasize the importance of assumptions, sites still did not include them in their models. In many cases, the people attending the conference at which the training was conducted did not work on the logic model back on-site. First, the staff who will complete the logic models need to attend the logic model training session and CAP management staff must make this requirement clear. Second, as written materials are heavily used as references by staff not attending the training session, these materials, especially the logic model template, should include clearer and more specific references to assumptions and their place in the model.
- Since an in-depth examination of assumptions may well lead to program modifications, HRSA needs to have a system in place for reviewing changes in program design. If sites continue to use their logic models to assess their progress and revisit their assumptions, this need will continue for the duration of the grant.

#### ***b. The Role of Measures***

The logic model format's inclusion of measures for activities and outputs helps project managers figure out methods for tracking the success of projects over the short-term, before outcomes or an impact can be realized. Those sites that did focus on measures found this to be a very useful exercise. One site that generally found the logic model process to be burdensome and time-consuming, nevertheless noted that it was useful to link program activities to measurements: "[we] are so busy implementing, implementing, implementing, that it is easy to forget to link activities to outcomes." Their coalition partners, while not interested in the process of logic model development, were interested in using the measures that emerged from the logic model. Another site valued the measures since they allow them to "demonstrate interim gains."

Some sites found this process difficult. One confessed that given the uncertainty surrounding the future of the program, it was hard “to take the outcomes measures seriously.” That so few sites were able to articulate short-term measures (although most had developed measures of activities for the project management matrix of their original proposal to HRSA) raises concerns about plans for short-term evaluation of the overall project. We recommend the following:

- As with assumptions, more time should be spent on measures at the logic model training sessions, including time for faculty to work directly with each site or smaller groups of sites on measure definition. The staff who will work on the logic model should be the staff attending the training, and written materials, including the logic model template, should be revised to emphasize the place of measures in the model.
- The confusion many sites experienced in differentiating outputs and outcomes may have contributed to the difficulty in defining interim measures. As the output/outcome distinction is a useful one (especially for measuring and evaluation), the logic model training and materials should better clarify these two elements. One site suggested using a set of probing questions that would help differentiate between the two categories. Another site suggested that they be provided with more examples.
- In addition, we recommend that the sites take the time now to develop a set of measures to match, at a minimum, the activities described in their logic model (listing activities was a part of the logic model most sites did well). This effort would be a particularly appropriate job for local evaluators. The resulting measures could then be circulated among sites, providing the opportunity for those using similar measures to meet to share their experiences, strategies, and effective practices.

### ***c. Collaborating to Develop the Logic Model***

One goal in asking CAP sites to develop logic models was to strengthen the sense of collaboration among the different public and private sector organizations participating in each sites' project. The few sites that did describe a collaborative development process uniformly characterized it as positive. Most of the sites we interviewed, however, did not view involving coalition members in the initial development of the draft as a high priority. Generally, staff developed a draft model and then shared it with a wider circle of coalition members. Several sites explained that their coalition members are geographically dispersed and difficult to convene. Many partners were already stretched thin in implementing the project, and the staff was reluctant to burden them with this additional task.

To facilitate a more collaborative process, we recommend the following:

- The organizations sponsoring each CAP project gather regularly; these meetings present an excellent opportunity for review of the project logic model, perhaps beginning with a discussion of CHPSR's comments on the model.
- An ongoing review of the logic model should take place at these collaborative meetings at least quarterly.

#### ***d. Other Uses of the Logic Model***

In interviews, some CAP sites described specific ways in which they have been able to use their logic models:

- Several sites described using the logic models for ongoing program management and evaluation. One site plans to attach a timeline to the logic model and use it as a "business plan" for program implementation.
- Another site saw the logic model as being of limited use. They noted that they did not intend to use it as a "guiding" document, but that they did plan to use it to "keep track of measures."
- One community has used their logic model for their own internal six-month evaluation – "looking at priorities and goals, checking off activities and generally making sure they are on the right track."
- One of the grantees found their logic model to be a useful tool in their application for state and federal waivers. They noted that the logic model is particularly helpful with funders and government agencies that are outcome-oriented since it makes clear that "you expect to achieve interim outcomes and milestones."
- This same site plans to use the logic model to identify and approach foundations that may be interested in components of the initiative. They also use it at staff orientations.
- One coalition has used the logic model as a clear summary of the project that "allows everyone to see their role."

CAP sites should be made aware of the potential for using their logic models for these additional purposes.

## **IV. Conclusion**

The logic model is a powerful tool for project planning. Many sites receiving funding from HRSA for CAP projects in March 2001 found at least part of the logic model development process helpful to their ability to achieve their projects' goals. But the value of this process has a direct relationship to the amount of time and energy that is invested in it.

Part of the strength of the logic model may also be its greatest difficulty: that it forces planners to think of their projects in a conceptually different way.

Participants in this round of CAP grants conceived their projects and submitted their original proposals about a year before they were expected to "begin" their projects and prepare the logic model. This time lag may have led to changes in staff for the projects; to work taking place in a different sequence than originally planned and, most importantly, to the management staff's way of thinking about the project becoming more fixed - and the conceptual shift required by the logic model thereby becoming more difficult.

Although there will not always be such a long space of time between submitting a proposal and beginning the work of the project, it would benefit all future grantees to begin to think of their projects in the logic model format as they actually begin to develop their project components (that is, as they write their proposals). We understand that this was required of the most recent group of CAP applicants. A well-prepared logic model, with carefully stated assumptions and clear interim measures, would also facilitate HRSA's work in deciding which projects to fund.

Whether logic models are used before or after grants are awarded, this year's experience clarifies the need for sites to have more resources – more training, more technical assistance and more reference materials – at their disposal as they create their models. Clarification of some of the terminology, and additional direction in how to create logic models, in the place of assumptions and measures, and in the importance of collaboration on the model among all participants in the project, will allow the value of the logic model to become more apparent to more grantees, and will result in stronger projects that are more likely to achieve their important goal.

\* Submitted to HRSA by Katherine E. Garrett, Sue A. Kaplan, John Billings (the Center for Health and Public Service Research at New York University), and Joel Cantor, Denise Davis (the Center for State Health Policy at Rutgers University).